

Does doctor know best? A new approach to "evidence" based health care

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Leading health care experts have today called for a fresh approach to evaluating treatment amid claims that dog walking and singing classes can lead to greater health improvements than traditional medicine for some patients.

A new policy paper published by the Health Service Management Centre at the University of Birmingham and the Centre for Welfare Reform argues that the NHS has become too dominated by quantitative and medically orientated notions of what constitutes valid evidence and suggests there needs to be a shift in focus from services to outcomes.

The report, entitled Doctor knows best? The use of evidence in implementing self-directed support in [health care](#), states: "The question isn't 'do [personal health](#) budgets work?' – but rather who decides what success should look like in the first place and what outcomes can services users and staff working together with greater scope for innovation and creativity achieve that might not have been possible with mass purchased or produced services?"

Professor Jon Glasby, lead author of the report, said: "When it comes to personal health budgets there has been a lot of media attention about what people use the money for, like an overweight person who used their personal budget to buy a dog. There are no NICE guidelines on the cost-effectiveness of dogs for weight loss, but it does seem like a simple way of getting someone to walk more and could work better than more traditional weight loss programmes. The point is that the focus has to be

on the outcomes achieved, rather than on the process itself."

The report points to an example of a woman with a serious [mental health](#) condition who used to make frequent ambulance call outs and visits to Accident and Emergency. She used her personal [health](#) budget to buy art materials, which provided sufficient distraction when she heard voices to prevent more emergency visits. In another example, several people used singing classes as an alternative to pulmonary rehabilitation to stabilise their breathing and provide a greater sense of well-being than the traditional service. In all these examples, the focus is not on what is purchased but on whether or not it is a good way of meeting desired outcomes.

"The challenge for healthcare professionals will be to see these kinds of approaches as genuine innovations in healthcare," the report states.

More information: www.birmingham.ac.uk/hsmc-policy-paper-sixteen

Provided by University of Birmingham

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